

2007 HAZARDOUS WASTE REPORT FORMS

READ ALL INSTRUCTIONS BEFORE COMPLETING THE FORMS

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SEND COMPLETED FORM TO: The Appropriate State or EPA Regional Office.	United States Environmental Protection Agency RCRA SUBTITLE C SITE IDENTIFICATION FORM		
1. Reason for Submittal (See instructions on page 9) MARK ALL BOX(ES) THAT APPLY	Reason for Submittal: <input type="checkbox"/> To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities) <input type="checkbox"/> To provide Subsequent Notification of Regulated Waste Activity (to update site identification information) <input type="checkbox"/> As a component of a First RCRA Hazardous Waste Part A Permit Application <input type="checkbox"/> As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #_____) <input type="checkbox"/> As a component of the Hazardous Waste Report		
2. Site EPA ID Number (page 10)	EPA ID Number <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		
3. Site Name (page 10)	Name: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		
4. Site Location Information (page 10)	Street Address: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		
	City, Town, or Village: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	State: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>	
	County Name: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	Zip Code: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>	
5. Site Land Type (page 10)	Site Land Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		
6. North American Industry Classification System (NAICS) Code(s) for the Site (page 10)	A. <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	B. <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	
	C. <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	D. <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	
7. Site Mailing Address (page 11)	Street or P. O. Box: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		
	City, Town, or Village: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		
	State: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>		
	Country: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	Zip Code: <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>	
8. Site Contact Person (page 11)	First Name: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>	MI: <div style="border-bottom: 1px solid black; width: 50px; margin: 5px 0;"></div>	Last Name: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>
	Phone Number: <div style="border-bottom: 1px solid black; width: 150px; margin: 5px 0;"></div> Extension: <div style="border-bottom: 1px solid black; width: 50px; margin: 5px 0;"></div>		E-mail address: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>
	9. Operator and Legal Owner of the Site (pages 11 and 12)		A. Name of Site's Operator: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>
	Operator Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		Date Became Operator (mm/dd/yyyy): <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>
	B. Name of Site's Legal Owner: <div style="border-bottom: 1px solid black; width: 200px; margin: 5px 0;"></div>		Date Became Owner (mm/dd/yyyy): <div style="border-bottom: 1px solid black; width: 100px; margin: 5px 0;"></div>
	Owner Type: <input type="checkbox"/> Private <input type="checkbox"/> County <input type="checkbox"/> District <input type="checkbox"/> Federal <input type="checkbox"/> Indian <input type="checkbox"/> Municipal <input type="checkbox"/> State <input type="checkbox"/> Other		

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9. Legal Owner (Continued) Address	Street or P. O. Box:																	
	City, Town, or Village:																	
	State:																	
	Country:	Zip Code:																
10. Type of Regulated Waste Activity Mark "Yes" or "No" for all activities; complete any additional boxes as instructed. (See instructions on pages 13 to 16.)																		
A. Hazardous Waste Activities Complete all parts for 1 through 6.																		
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p><input type="checkbox"/> 1. Generator of Hazardous Waste If "yes", choose only one of the following - a, b, or c.</p><p><input type="checkbox"/> a. LQG: Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> b. SQG: 100 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or</p><p><input type="checkbox"/> c. CESQG: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste</p><p>In addition, indicate other generator activities.</p><p><input type="checkbox"/> d. United States Importer of Hazardous Waste</p><p><input type="checkbox"/> e. Mixed Waste (hazardous and radioactive) Generator</p></div><div style="width: 48%;"><p><input type="checkbox"/> 2. Transporter of Hazardous Waste</p><p><input type="checkbox"/> 3. Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.</p><p><input type="checkbox"/> 4. Recycler of Hazardous Waste (at your site)</p><p><input type="checkbox"/> 5. Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Small Quantity On-site Burner Exemption</p><p><input type="checkbox"/> b. Smelting, Melting, and Refining</p><p><input type="checkbox"/> 6. Underground Injection Control</p></div></div>																		
<div style="display: flex;"><div style="width: 50%;">B. Universal Waste Activities<p><input type="checkbox"/> 1. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:</p><table style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Managed</u></th></tr></thead><tbody><tr><td>a. Batteries</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>b. Pesticides</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>c. Thermostats</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>d. Lamps</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>e. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>f. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr><tr><td>g. Other (specify) _____</td><td style="text-align: center;"><input type="checkbox"/></td></tr></tbody></table><p><input type="checkbox"/> 2. Destination Facility for Universal Waste Note: A hazardous waste permit may be required for this activity.</p></div><div style="width: 50%;">C. Used Oil Activities Mark all boxes that apply.<p><input type="checkbox"/> 1. Used Oil Transporter If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Transporter</p><p><input type="checkbox"/> b. Transfer Facility</p><p><input type="checkbox"/> 2. Used Oil Processor and/or Re-refiner If "yes", mark each that applies.</p><p><input type="checkbox"/> a. Processor</p><p><input type="checkbox"/> b. Re-refiner</p><p><input type="checkbox"/> 3. Off-Specification Used Oil Burner</p><p><input type="checkbox"/> 4. Used Oil Fuel Marketer If "Yes", mark each that applies.</p><p><input type="checkbox"/> a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner</p><p><input type="checkbox"/> b. Marketer Who First Claims the Used Oil Meets the Specifications</p></div></div>				<u>Managed</u>	a. Batteries	<input type="checkbox"/>	b. Pesticides	<input type="checkbox"/>	c. Thermostats	<input type="checkbox"/>	d. Lamps	<input type="checkbox"/>	e. Other (specify) _____	<input type="checkbox"/>	f. Other (specify) _____	<input type="checkbox"/>	g. Other (specify) _____	<input type="checkbox"/>
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f. Other (specify) _____	<input type="checkbox"/>																	
g. Other (specify) _____	<input type="checkbox"/>																	

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11. Description of Hazardous Wastes (See instructions on page 17.)

A. Waste Codes for Federally Regulated Hazardous Wastes. Please list the waste codes of the Federal hazardous wastes handled at your site. List them in the order they are presented in the regulations (e.g., D001, D003, F007, U112). Use an additional page if more spaces are needed.

B. Waste Codes for State-Regulated (i.e., non-Federal) Hazardous Wastes. Please list the waste codes of the State-regulated hazardous wastes handled at your site. List them in the order they are presented in the regulations. Use an additional page if more spaces are needed for waste codes.

12. Comments (See instructions on page 17.)

13. Certification. I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

(See instructions on page 17.)

Signature of operator, owner, or an authorized representative

Name and Official Title (type or print)

**Date Signed
(mm/dd/yyyy)**

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO: _____

**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

**WASTE GENERATION
AND MANAGEMENT****FORM
GM**

Instructions: Please see the detailed instructions on pages 18 to 26 of this booklet before completing this form.

Sec. 1 A. Waste descriptionB. EPA hazardous waste code _____
_____C. State hazardous waste code _____

D. Source code

LG_____

Management Method code for Source code G25

LH_____

E. Form code

LW_____

F. Quantity generated in 2007

G. UOM

Density

_____.____

☐ lbs/gal ☐ sg**Sec. 2**

Was any of this waste managed on site? (pages 24 and 25)

☐ 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1)☐ 2 No (SKIP TO SEC. 3)**ON-SITE PROCESS SYSTEM 1**On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007

LH_____

ON-SITE PROCESS SYSTEM 2On-site Management
Method codeQuantity treated, disposed, or
recycled on site in 2007

LH_____

Sec. 3

A. Was any of this waste shipped off site in 2007 for treatment, disposal, or recycling? (pages 25 and 26)

☐ 1 Yes (CONTINUE TO BOX B)☐ 2 No (FORM IS COMPLETE)

Site 1

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2007

Site 2

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2007

Site 3

B. EPA ID No. of facility to which
waste was shipped

C. Off-site Management Method
code Shipped to

LH_____

D. Total quantity shipped in 2007

Comments:

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BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO: _ _ _ _ _

**FORM
WR****U.S. ENVIRONMENTAL
PROTECTION AGENCY****2007 Hazardous Waste Report****WASTE RECEIVED
FROM OFF SITE**

Instructions: Please see the detailed instructions on pages 27 to 30 of this booklet before completing this form.

Waste 1	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID number _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code LW _ _ _ _	H. Management Method code LH _ _ _ _		
Waste 2	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 1 _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code LW _ _ _ _	H. Management Method code LH _ _ _ _		
Waste 3	A. Description of hazardous waste	B. EPA hazardous waste code _ _ _ _ _ _ _ _ _ _	C. State hazardous waste code _ _ _ _ _ _ _ _ _ _
	D. Off-site handler EPA ID number <input type="checkbox"/> Mark if same as in Waste 2 _ _ _ _ _	E. Quantity received in 2007 _ _ _ _ _ . _	F. UOM Density _ _ _ . _ _ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg
G. Form code LW _ _ _ _	H. Management Method code LH _ _ _ _		

Comments:

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**U.S. ENVIRONMENTAL
PROTECTION AGENCY**

2007 Hazardous Waste Report

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL
OR ENTER:

SITE NAME: _____

EPA ID NO: _ _ _ _ _

**FORM
OI****OFF-SITE
IDENTIFICATION**

Instructions: Please read the detailed instructions on the reverse side before completing this form.

Site 1	A. EPA ID No. of off-site installation or transporter _ _ _ _ _	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State _ _ Zip _ _ _ _ _ - _ _ _ _
---	--

Site 2	A. EPA ID No. of off-site installation or transporter _ _ _ _ _	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State _ _ Zip _ _ _ _ _ - _ _ _ _
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Site 3	A. EPA ID No. of off-site installation or transporter _ _ _ _ _	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State _ _ Zip _ _ _ _ _ - _ _ _ _
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Site 4	A. EPA ID No. of off-site installation or transporter _ _ _ _ _	B. Name of off-site installation or transporter
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C. Handler type (MARK ALL THAT APPLY) <input type="checkbox"/> Generator <input type="checkbox"/> Transporter <input type="checkbox"/> TSDR facility	D. Address of off-site installation Street _____ City _____ State _ _ Zip _ _ _ _ _ - _ _ _ _
---	--

Comments:

INSTRUCTIONS FOR FILLING OUT FORM OI - OFF-SITE IDENTIFICATION

WHO MUST SUBMIT THIS FORM

Sites required to file the 2007 Hazardous Waste Report must submit Form OI if:

- Form OI is required by your State; **AND**
- The site received hazardous waste from off site or sent hazardous waste off site during 2007.

PURPOSE OF THIS FORM

Form OI documents the names and addresses of off-site installations and transporters.

HOW TO FILL OUT THIS FORM

Form OI is divided into five identical parts. You must fill out one part for each off-site installation to which you shipped hazardous waste, each off-site installation from which you received hazardous waste, and each transporter you used to ship hazardous waste during 2007. If these off-site installations and transporters total more than four, you must photocopy and complete additional copies of the form. Prior to photocopying, place the pre-printed site identification label in the top left-hand corner of the form or, if you did not receive pre-printed labels, enter the site name and EPA Identification Number in this space.

Use the Comments section at the end of the form to clarify any entry (e.g., "Other" responses) or to continue any entry. When entering information in the Comments section, cross-reference the site number and box letter to which the comment refers.

ITEM-BY-ITEM INSTRUCTIONS

Complete Boxes A through D for each off-site installation to which you shipped hazardous waste and each off-site installation from which you received hazardous waste during 2007. Complete Boxes A through C for each transporter you used during the year (address in Box D is not required for transporters).

Box A: EPA ID No. of off-site installation or transporter

Enter the 12-digit EPA ID number of the off-site installation to which you shipped hazardous waste or from which you received hazardous waste. Or, enter the EPA ID number of the transporter who shipped hazardous waste to or from your site. Each EPA ID Number should appear only once. If the off-site installation or transporter did not have an EPA ID number during 2007, leave blank if this item is not applicable or "don't know" in Box A and note the reason in the Comments section.

Box B: Name of off-site installation or transporter

Enter the name of the off-site installation or transporter reported in Box A.

Box C: Handler type

Mark all boxes that apply to the handler type (i.e., generator, transporter, or treatment, storage, or disposal (TSD) facility) of the off-site installation or transporter reported in Box A.

Box D: Address of off-site installation

Enter the address of the off-site installation reported in Box A. If the EPA ID number reported in Box A refers to a transporter, leave blank if this item is not applicable or "don't know" in Box D.

